## PATENT APP ATION FEE DETERMINATION REC

Application or Docket Number

| Existante Beschiber 6, 2004   |  |   |   |   |  |     |                     | 110                    | S  | 20,5                       | 01                     |
|---|--|---|---|---|--|-----|---------------------|------------------------|----|----------------------------|------------------------|
| ŀ   |  | CLAIMS A                                  | AS FILED - PART I   |   |  |     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
| 115   | NATIONAL S                                     | STAGE FEES                                | (Column 1)  | <del></del>                               | Column 2)                              | 7 ( |                     |                        | 1  |                            | ENTITY                 |
| -   |  | OTAGE TEES                                |   |   |  | ┦   | RATE                | FEE                    |    | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 15 Satisfies PCT Article 33               |   | E ENT. = \$ 300                        | ]   | BASIC FEE           |                        | OR | BASIC FEE                  | 320                    |
| EXAMINATION FEE   |  |   | (4) = \$50/\$100  | \$  | her situations =<br>100 / \$ 200       | ] [ | EXAM, FEE           |                        |    | EXAM FEE                   | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50/\$ . ALL other countries \$ 200/\$ 400 | _ All of                                  | All other situations = \$ 250 / \$ 500 |     | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =   |   | / 50 =                                 |     | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | / minus 20 = .  |   |  |     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 = .   |   |  |     | X \$ 100 =          |                        | OR | X \$ 200 =                 | 50                     |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | SENT  |   |  | 11  | +\$ 180 =           |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "o" in column 2  |  |   |   |   |  | •   | TOTAL               |                        | OR | TOTAL                      | 350                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |   |  |     | SMALL E             | ENTITY                 | OR | OTHER<br>SMALL E           |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | PR  | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                       |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 15                                      | Minus   | <u> </u>                                  | =                                      |     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|   | independent                                    | . 3                                       | Minus ***   | 3   | 3                                      |     | X \$ 100 =          | /                      | OR | X \$ 200 =                 | -/                     |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |  |     | +\$180=             |                        | OR | + \$ 360 =                 | 7                      |
|   |  |   |   |   |  | -   | TOTAL ADDIT.<br>FEE | 7                      | OR | TOTAL ADDIT.<br>FEE        | 7                      |
|   |  | (Column 1)                                | ſſ  | oluma 2)                                  | (Column 3)                             |     |                     | •                      |    |                            |                        |
| 4TB   |  | CLAIMS REMAINING AFTER AMENDMENT          | PR  | KGHEST<br>KUMBER<br>EVIOUSLY<br>VAID FOR  | PRESENT<br>EXTRA                       |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADOI-<br>TIONAL<br>FEE |
| AMENDME   | Total  | ٠   | Minus **  |   | æ                                      |     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus ***   |   | =                                      |     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPENDE   | NT CLAIM                                  |  |     | +\$ 180 =           |                        | OR | +\$360=                    |                        |
|   |  |   |   |   |  |     | TOTAL ADDIT.<br>FEE | •                      | OR | TOTAL ADDIT.<br>FEE        |                        |
|   |  |   | •   |   |  |     | : .                 | · -                    |    |                            |                        |
| • .   |  |   | e entry in column 2, write                                |   |  |     |                     | ;                      |    |                            |                        |
| 444   | If the "Highest Nu                             | umber Previously Pa                       | id For IN THIS SPACE I                                    | s less than (3)                           | , enter "3".                           |     |                     |                        |    |                            |                        |
| The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |  |   |   |   |  |     |                     |                        |    |                            |                        |